### DEPARTMENT OF HEALTH & HUMAN SERVICES



CENTERS FOR MEDICARE & MEDICAID SERVICES
Consortium For Quality Improvement and Survey & Certification Operations
Western Consortium – Division of Survey & Certification

### IMPORTANT NOTICE - PLEASE READ CAREFULLY

September 2, 2010

Kathy D. Moore, CEO West Valley Medical Center 1717 Arlington Avenue Caldwell, ID 83605

CMS Certification Number: 13-0014

Re: Complaint Control #: 4600 (EMTALA)

Dear Ms. Moore:

Thank you for submitting West Valley Medical Center's plan of correction dated August 25, 2010. We have determined that West Valley Medical Center's allegation of compliance is credible based upon our review of the documentation provided. We appreciate the time and energy that you and your staff have invested.

The proposed termination action from our June 30, 2010, letter is rescinded based upon the credible allegation of compliance. There will be no onsite revisit in follow-up to this EMTALA investigation by the Idaho Bureau of Facility Standards. We are discontinuing the termination action and closing this case.

We thank you for your cooperation and look forward to working with you on a continuing basis in the administration of the Medicare program. If you have questions regarding this letter, please contact Kate Mitchell of my staff at (206) 615-2432 or by e-mail catherine.mitchell@cms.hhs.gov.

Sincerely,

Steven Chickering Western Consortium Survey & Certification Officer Division of Survey & Certification

CC: Idaho Bureau of Facility Standards

### DEPARTMENT OF HEALTH & HUMAN SERVICES



CENTERS FOR MEDICARE & MEDICAID SERVICES
Consortium For Quality Improvement and Survey & Certification Operations
Western Consortium – Division of Survey & Certification

### IMPORTANT NOTICE - PLEASE READ CAREFULLY

August 18, 2010

Kathy Moore, CEO West Valley Medical Center 1717 Arlington Street Caldwell, ID 83605

CMS Certification Number: 13-0014

Re: Complaint Control # 4600 (EMTALA) and Revisit survey

Dear Ms. Moore:

To participate in the Medicare program, a hospital must meet the requirements established under title XVIII of the Social Security Act (the Act) and the regulations established by the Secretary of Health and Human Services under the authority contained in §1861 (e) of the Act. Further, §1866 (b) of the Act authorizes the Secretary to terminate the provider agreement of a hospital that fails to meet these provisions.

Your hospital had a revisit survey August 4-5, 2010, conducted by the Idaho Bureau of Facility Standards (State Agency) based on an allegation of compliance with the requirements of 42 Code of Federal Regulations (CFR) § 489.24 Responsibilities of Medicare Participating Hospitals in Emergency Cases and /or the related requirements at 42 CFR § 489.20. After a careful review of the findings, we have determined that your hospital violated:

• The requirements of 42 CFR § 489.24(a) based on failure to provide an appropriate medical screening exam.

The deficiencies identified are listed on the enclosed form CMS-2567, Summary Statement of Deficiencies. Additionally, we have included QUALIS Health's (the Idaho Quality Improvement Organization) physician review of the medical record referenced in the CMS-2567.

The purpose of this letter is to notify you of these violations and advise you that under 42 CFR § 489.53, a hospital that violates the provisions of 42 CFR § 489.20 and/or 42 CFR § 489.24 is subject to termination of its provider agreement. Consequently, the termination action described in CMS' June 30, 2010, letter continues. The projected date on which the agreement will terminate is **September 28, 2010**.

You will receive a "Notice of Termination" letter no later than September 13, 2010. This final notice will be sent to you concurrently with notice to the public in accordance with regulations at 42 CFR § 489.53.

You may avoid termination action and notice to the public either by providing credible allegation or credible evidence of correction of the deficiencies, or by successfully proving that the deficiencies did not exist, prior to the projected public information date. In either case, the information must be furnished to this office so that there is time to verify the corrections. An acceptable plan of correction (POC) must contain the following elements:

- The plan of correcting each specific deficiency cited;
- The plan should address improving the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- All plans of correction must demonstrate how the hospital has incorporated its
  improvement actions into its Quality Assessment and Performance Improvement (QAPI)
  program, addressing improvements in its systems in order to prevent the likelihood of the
  deficient practice reoccurring. The plan must include the monitoring and tracking
  procedures to ensure the plan of correction is effective and that specific deficiencies cited
  remain corrected and/or in compliance with the regulatory requirements; and
- The plan must include the title of the person responsible for implementing the acceptable plan of correction.

It is highly recommended that the <u>latest</u> completion date in the plan of correction be no later than **September 1, 2010**. Please submit the POC within 10 days receipt of this letter, to the State survey agency <u>and</u> to the following address:

CMS – Survey, Certification, and Enforcement Branch Attn: Kate Mitchell 2201 Sixth Avenue, RX-48 Seattle, WA 98121 Fax: (206) 615-2088

A credible <u>allegation</u> of correction by the hospital may require a resurvey to verify the corrections. However, when <u>evidence</u> of correction is provided by the hospital, this office must decide whether the evidence of correction is sufficient to halt the termination action. If the evidence is not sufficient in itself to establish that the hospital is in compliance, a resurvey is required for verification of correction.

If we verify your corrective action, or determine that you successfully refuted the findings contained in this letter by proving that allegations were in error, your termination from the Medicare program will be rescinded.

Page 3 – Ms. Moore								
If you have any questions concerning this preliminary determination letter, please contact Kate Mitchell of my staff at (206) 615-2432.								
Sincerely,								
Steven Chickering Western Consortium Survey and Certification Officer Division of Survey and Certification								
Enclosure								
cc: Idaho Bureau of Facility Standards								



1717 Arlington Avenue • Caldwell, ID 83605 (208) 459-4641 • www.westvalleymedctr.com

August 25, 2010

Kate Mitchell CMS – Survey, Certification, and Enforcement Branch 2201 Sixth Avenue, RX-48 Seattle, WA 98121

RE: West Valley Medical Center, CMS Certification Number: 13-0014

Complaint Control #4600 (EMTALA)

Dear Ms. Mitchell:

Per your letter dated August 18, 2010, pursuant to the Complaint Control #4600 (EMTALA), please find enclosed the completed Statement of Deficiencies/Plan of Correction, CMS Form 2567.

If you have any questions, please contact me at (208) 455-3718.

Sincerely,

Kathy D. Moore,

Chief Executive Officer

RECEIVED

AUG 26 2010

FACILITY STANDARDS

cc: Idaho Bureau of Facility Standards

PRINTED: 08/06/2010 FORM APPROVED OMB NO. 0938-0391

LABORATOR	Y DIRECTOR'S OR PRO	VIDER/SUPPLIER REPRES	SENTATIVE'S SIC	SNATURE	TITLE	(X6) DATE	
{A2406}	Refer to A2406 as hospital to provide screening examin	s it relates to the faile an appropriate me	dical	{A2406	On 8-6-10 Attestation Stateme of EMTALA understanding were developed and initiated for the Women's Unit (WU).  COMPLETED, See Action Sh for this date.	e	
:	This STANDARD Based on staff into records, hospital properties was determined the emergency service with 42 CFR Part lack of an appropriation (#7) who addition to the pre-	s used in this report include:  odomen  mbulatory oor and Delivery  fledical Screening Examination stetrical gistered Nurse			On 8-6-10, the COO made cont with the Medical Director of the Residents and four Residents, to CNO and the Chair of Maternal Child Health Committee. regard the need to comply with our poprocedures and EMTALA regulations  COMPLETED, See Action Sh for this date.	e FP the and ding blicy,	
{A2400}	Susan Costa, RN, Acronyms used in  ABD = abdomen amb = ambulatory LD = Labor and Do MSE = Medical So OB = obstetrical RN = Registered N US = ultrasound 489.20(I) COMPLI [The provider agred defined in §489.24]			STA	within our Quality Assurance Performance Improvement (QAP activities and system.  Plan for Improving the Proc ID Prefix tag A2400 489.24 (I On 8-6-10, determination of process and assessment of failt development of action plan and attestation forms were initiated Discussion with Quality Risk Management (QRM) Director ar Chair of Maternal and Child Hea Committee. COMPLETED, See Action Sheet for this date.	ess b) 8-6-10 are, d alth	
		iencies were cited d your hospital. Surv	eyors	{A 000}	In response to the cited deficiencies West Valley Medical Center has implemented a comprehensive plan of correction aimed at improving processes are incorporating ongoing monitoring.	nd	
(X4) ID . PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCI Y MUST BE PRECEDED B' SC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION	
	OVIDER OR SUPPLIER LLEY MEDICAL CEI	NTER		17	EET ADDRESS, CITY, STATE, ZIP CODE 717 ARLINGTON STREET ALDWELL, ID 83605		
		130014		B. WING		08/05/2010	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		A. BUILDING		COMPLETED R-C	
TATEMENT C	OF DEFICIENCIES	DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			PLE CONSTRUCTION	(X3) DATE SURVEY	

Hathy D. Moore

CEO

8/25/2010

Any deficiency saltement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			URVEY ETED
				LDIN(		R-C	
•	130014		8. WING			08/05/2010	
	ROVIDER OR SUPPLIER	NTER		17	EET ADDRESS, CITY, STATE, ZIP CODE 717 ARLINGTON STREET ALDWELL, ID 83605		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST 8E PRECEDED 8Y FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD 8E	(X5) COMPLETION DATE
	A2406) Continued From page 1  Applicability of provisions of this section. (1) In the case of a hospital that has an emergency department, if an individual (whether or not eligible for Medicare benefits and regardless of ability to pay) "comes to the				ID Prefix Tag A2406 On 8-9-10 the Director of WU resigned. On 8-13-10 the Director of WU terminated employment with the Medical Center. <b>COMPLETED.</b>		8-9-10 8-13-10 8-13-10
	(b) of this section, an appropriate me- within the capabilit department, includ available to the em	ment", as defined in paragraph the hospital must (i) provide dical screening examination y of the hospital's emergency ing ancillary services routinely pergency department, to			On 8-13-10 An Interim Director WU was appointed. <b>COMPLETI</b> On 8-13-10 formal counseling w provided to a WU RN. <b>COMPLETED.</b> On 8-16-10 the CNO and the	ED.	8-13-10 8-16-10
	determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction; and				Quality Director conducted two mandatory meetings with WU staff. The goal was to have an open dialogue on questions related understanding our policies, processes, and the EMTALA regulations. <b>COMPLETED, Sec</b>	ated	
	determined to exist stabilizing treatment of this section, or defined in paragrationspital admits the further treatment,	sy medical condition is st, provide any necessary nt, as defined in paragraph (d) an appropriate transfer as uph (e) of this section. If the e individual as an inpatient for the hospital's obligation under as specified in paragraph (d)(2)			Action Sheet for this date. On 8-17-10 CNO and COO met with the Medical Director of the Residents to review policy, procedure, and EMTALA regulations and need for MD/Resident to come into the Hospital to assess patients. COMPLETED.		8-17-10
	Sanctions under the transfer during a redirection or relocal medical screening apply to a hospital department locate specified in section waiver of these sections.	by of provisions of this section. This section for inappropriate national emergency or for the ation of an individual to receive g at an alternate location do not I with a dedicated emergency and in an emergency area, as on 1135(g)(1) of the Act. A canctions is limited to a 72-hour upon the implementation of a			On 8-18-10 the CNO met with ED Medical Director to discuss EMTALA concerns and need for patients to receive MSE in ED attending unavailable and to develop scripting for WU staff when communicating with the patient. Scripting document provided to WU unit COMPLE See Action Sheet for this designs.	the or OB if e OB	8-18-10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			SURVEY ETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY)			(X5) COMPLETION DATE
{A2406}	Continued From page 2 hospital disaster protocol, except that, if a public health emergency involves a pandemic infectious disease (such as pandemic influenza), the waiver will continue in effect until the termination of the applicable declaration of a public health				On 8-18-10 Scenarios were developed with Legal Counsel to assist leadership in assuring staff understand EMTALA.  COMPLETED, See Action Sheet for this date.  On 8-18-10 - 8-19-10, Education was provided to 23 ED staff by clinical educator and QRM staff.  COMPLETED, See Action Sheet		8-18-10
	emergency, as pro (B) of the Act. (c) Use of Dedical	) Use of Dedicated Emergency Department for					8-19-10
	Nonemergency Services If an individual comes to a hospital's dedicated emergency department and a request is made on his or her behalf for examination or treatment for a medical condition, but the nature of the request makes it clear that the medical condition is not of an emergency nature, the hospital is required only to perform such screening as would be				for this date. On 8-19-10 Notes/Talking Points were developed and provided to assist the ED, WU, PAS, HIM,& House Supervisors leadership in addressing EMTALA with Staff. COMPLETED, See Action She for this date.	)	8-19-10
	manner, to determ have an emergen This STANDARD Based on staff int records, hospital it was determined	is not met as evidenced by: erview and review of medical policies, and credentials forms, it the hospital failed to ensure an			On 8-19-10 a meeting with Hea Information Management (HIM) was conducted to assure QAPI of the medical record is maintained 100% completeness on all medical records from the WU.  COMPLETED, See Action She for this date.	) of d at ical	8-19-10
	appropriate MSE was provided to 1 of 3 pregnant patients (#7) who had other medical conditions in addition to the pregnancy and whose records were reviewed. This resulted in the inability of the hospital to ensure an emergency medical condition did not exist. Findings include:  Patient #7's medical record documented a 17 year old female who presented to the hospital on 7/25/10 at 1:31 AM. The face sheet stated her reason for admission was "22 WEEKS PREG[NANT] HIT IN STOMACH." She was taken to the obstetrical unit for medical screening. Her "LD-Admission Assessment," written by Staff				On 8-19-10 a concurrent review active WU cases was initiated to provide immediate and direct for back to the ED and WU by the Quality Director as an adjunct to information provided to staff. Ongoing assistance to staff by QRM, WU Interim, and ED Director. <b>COMPLETED.</b>	o eed to all	8-19-10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				B. WING		R-C	
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NAME OF PROVIDER OR SUPPLIER WEST VALLEY MEDICAL CENTER				17	EET ADDRESS. CITY, STATE, ZIP CODE 717 ARLINGTON STREET ALDWELL, ID 83605		
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{A2406}	Continued From part A, an RN, and date "HOLDING ABD OF BELOW UMBILICLE WHERE SHE WAS stated Patient #7's constant, and sharp surrounding the assemble of the surrounding the surrounding the assemble of the surrounding the s	ge 3 d 7/25/10 at 1:58 AM, stated N RIGHT SIDE OF ABD JUST JS, STATES THAT WAS G HIT." The assessment pain was 7 of 10 in intensity, D. The circumstances sault were not documented. d on the "LD- Flowsheet," 51 AM, "HERE WITH BD PAIN RIGHT MED TES SHE WAS HIT HARD IN HOLDING ABD WITH HAND RE SHE WAS HIT. NO EMA NOTED. At 1:53 AM on cumented "HAND HELD US ES. UNABLE TO KEEP US BY IS VERY ACTIVE AT THIS	{A24		On 8-19-10 and on 8-20-10 the COO and QRM Director met with Patient Access Staff (PAS) and Histaff The goal was to have an op dialogue on questions related to understanding our policies, processes, and the EMTALA regulations. 13 Attestation Statements were provided to PAS and HIM staff and were signed. COMPLETED, See Action Sheet for this date.  On 8-19-10 The Medical Executive Committee was apprised of all education and QAPI activities related to adherence to policy, procedure, and regulations. See Action Sheet for this date.  On 8-23-10 the CNO, QRM Director, and Interim Director of House Supervisor, and 5 House Supervisors met and reviewed the policy, procedure and EMTALA regulations were discussed to assure comprehension.  COMPLETED, See Action Sheet for this date.  On 8-23-10 the "Regulator", an employee newsletter had EMTA	IM pen  S t ve	8-20-10 8-19-10 8-23-10
,	order stated to disconding the hard follow up to week.  No assessment of lidocumented excep edematous. A set on not documented ex	harge Patient #7 to home and with an obstetrician within 1  Patient #7's abdomen was t that it was not red or of vital signs for Patient #7 was cept for temperature and			talking points on the front page The following items were developed and submitted to ED HIM, WU, House Supervisors, & PAS leaders; documentation checklist, two EMTALA Power Popresentations, and EMTALA Scenarios provided by our Lega	oint	
respirations at 1:58 AM on 7/25/10.					Counsel.  COMPLETED, See Action Sho	eet	

FRIINTED. UOJUOJZUTU DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING R-C B. WING 130014 08/05/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1717 ARLINGTON STREET WEST VALLEY MEDICAL CENTER CALDWELL, ID 83605 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) On 8-24-10 a one-on-one meeting {A2406} Continued From page 4 {A2406} 8-24-10 was held with the CNO, QRM Director and a House Supervisor to Staff A was interviewed on 8/04/10 at 7:05 PM. assure understanding of policy, She stated Patient #7 was hit in the stomach. procedure, and EMTALA She stated Patient #7 did not complain of regulations. COMPLETED, See contractions or state fears that her unborn baby Action Sheet for this date. might have been harmed. She said Patient #7 8-25-10 On 8-25-10 a one-on-one meeting complained of trauma to her abdomen. She was held with the CNO, QRM stated Patient #7 was not having contractions. Director and three House She stated after 1.5 hours, Patient #7's pain was gone. She stated she checked Patient #7's fetal. Supervisors to assure heart tones and called Staff B, the physician on understanding of policy, call. She stated Staff B was a resident. She said procedure, and EMTALA she told the physician Patient # 7 had been hit in regulations. COMPLETED, See the abdomen but her pain was resolving. She Action Sheet for this date. said she later called the physician back and On 8-26-10 a meeting will be held 8-26-10 received an order to discharge Patient #7. She with the CNO, QRM Director and ! stated, since Patient #7's pain had been relieved. five House Supervisors to assure she discharged the patient. She stated if Patient understanding of policy, #7's pain had not been relieved, she would have procedure, and EMTALA sent the patient to the emergency room for further regulations. To be COMPLETED assessment. She stated she did not assess 8-26-10. Patient #7's abdomen. 8-26-10 On 8-26-10 a meeting will be held with the CNO, QRM Director and Staff B was interviewed on 8/04/10 at 1:05 PM. ED staff to assure understanding of He stated he was a third year Family Practice policy, procedure, and EMTALA resident. He stated he was on call for obstetrics at the hospital on 7/25/10. He stated he did not regulations. To be COMPLETED remember Patient #7 well. He said he had not 8-26-10. seen her. He reviewed the medical record. He Integration into QAPI of the stated Patient #7 was not having contractions. **Medical Center** He stated he would look for vaginal bleeding but 8-19-10

DRM CMS-2567(02-99) Previous Versions Obsolete

said nothing was documented regarding bleeding.

He stated Patient #7's abdominal injury was not

evaluated. He stated he did not remember what

verbal report he got from Staff A when he spoke

to her. He stated it seemed like something more

A form titled "MEDICAL SCREENING EXAMS IN

should have been done for the patient.

Event ID: IDWX12

Supervisors, WU, ED and PAS. Fac QAPI is conducted to assure appropriate documentation is present in the WU medical records (100% compliance is expected) and to review any issues associated with adherence to our policies, processes, and EMTALA regulations. COMPLETED and

On 8-19-10 QAPI monitoring was

implemented to be conducted at a

minimum weekly. This includes a

review of medical record, Central

House Supervisor audit tool was

Log, Registration Issues, and

initiated with the following

Directors; Quality, House

ongoing.

ration sheet Page 5 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILOING		Y
		130014		B. WING		R-C 08/05/2010	
NAME OF PROVIDER OR SUPPLIER						08/05/20	710
WEST VALLEY MEDICAL CENTER				17	EET ADDRESS, CITY, STATE, ZIP CODE 717 ARLINGTON STREET ALDWELL, ID 83605		
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	LABOR & DELIVER Staff A's privileges privileges for the RI labor and the health had been granted a other medical cond was confirmed by in the Women's Unit of the Patient "If patient be seen by either the these issues. If unit the patient should be notifying the Nursin not wish to be seen sign a waiver form offer and refusal."  The Director of Quawas interviewed on confirmed the polic Patient" required full who have other me policy was not followed.	RY," dated 4/09/10, outlined in relation to MSEs. All of the N related to the assessment of n of the fetus. No privileges allowing Staff A to evaluate itions as part of an MSE. This interview with the Director of on 8/04/10 at 7:25 PM.  Of Obstetrical Patient," dated ent has been ruled out for issues then the patient must be OB physician or resident for seen by the OB physician then be transferred to the ED, after in Supervisor. If patient does in by the ED then they must and the nurse must document allity and Risk Management 8/06/10 at 8:20 AM. She y "Triage of Obstetrical or the evaluation of patients adical issues. She stated the wed in the case of Patient #7.	{A24	06)		ng ncil  y:  of  d.  us  oT.  et  es  8-  nd	24-10
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